

Food Establishment Inspection Form				Page <u>1</u> of <u>2</u>	
The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations <u>2</u> Priority- <u>0</u> Priority foundation <u>0</u> Core- <u>2</u> Score (optional) _____		Date <u>12/5/2018</u> Time In <u>9:40 am</u> Time Out <u>10:44 am</u>	
		Establishment Name <u>Bates Elementary School</u> Establishment Address <u>33 Liberty Avenue</u> Telephone <u>(978) 825-3419</u> Owner <u>Salem Public School</u> Person-in-Charge (PIC) <u>Patricia Mento</u> Inspector <u>Janice Ortega</u>		Risk Category _____ Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: _____	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Circle designated compliance status (IN, OUT, N/A) for each numbered item IN = in compliance OUT = not in compliance N/A = not applicable Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation					
Compliance Status		COS	R	Compliance Status	
Supervision				Time / Temperature Control for Safety	
1	IN/OUT			17	IN/OUT
2	IN/OUT N/A			18	IN/OUT N/A N/A
Employee Health				19	IN/OUT N/A N/A
3	IN/OUT			20	IN/OUT N/A N/A
4	IN/OUT			21	IN/OUT N/A N/A
6	IN/OUT			22	IN/OUT N/A N/A
Good Hygienic Practices				23	IN/OUT N/A N/A
6	IN/OUT N/A			24	IN/OUT N/A N/A
7	IN/OUT			Consumer Advisory	
Preventing Contamination by Hands				25	IN/OUT N/A
8	IN/OUT N/A			Requirements for Highly Susceptible Populations (HSP)	
9	IN/OUT N/A N/A			26	IN/OUT N/A
10	IN/OUT			Food / Color Additives and Toxic Substances	
11	IN/OUT			27	IN/OUT N/A
12	IN/OUT N/A N/A			28	IN/OUT N/A
13	IN/OUT			Conformance with Approved Procedures	
14	IN/OUT N/A N/A			29	IN/OUT N/A
Protection from Contamination				Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.	
15	IN/OUT N/A N/A				
16	IN/OUT N/A				
GOOD RETAIL PRACTICES					
Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation					
Compliance Status		COS	R	Compliance Status	
Safe Food and Water				Proper Use of Utensils	
30	Pasteurized eggs used where required			43	In-use utensils properly stored
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled
32	Variances obtained for specialized processing methods			45	Single-use / single-service articles: properly stored & used
Food Temperature Control				46	Gloves used properly
33	Proper cooling methods used; adequate equipment for temperature control			Utensile, Equipment and Vending	
34	Plant food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed & used
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips
36	Thermometers provided & accurate			49	Non-food contact surfaces clean
Food Identification				Physical Facilities	
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices
38	Insects, rodents, & animals not present			52	Sewage & waste water properly disposed
39	Contamination prevented during food preparation, storage and display			53	Toilet facilities: properly constructed, supplied, & cleaned
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used
SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009(F)) <input type="checkbox"/> Tobacco (590.009(F)) <input type="checkbox"/> Allergen Awareness (590.009(G)) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other					
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of notice of this order.					
PIC's Signature: <u>Patricia Mento</u> Inspector's Signature: <u>Janice Ortega</u>		Print: <u>Patricia Mento</u> Follow-up: YES NO (circle one) Follow-up Date, if applicable: <u>Next</u>		Date: <u>12-5-18</u> <u>Patricia</u>	

Food Establishment Inspection Form

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The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Rod's Elementary School

Date: 12/5/18

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
55	6-501.11		There is an out of service La Doré refrigerator Traulsen Refrigerator Unit in the back of the kitchen. Remove Refrigerator from the kitchen or wrap it in plastic or a tarp.
39	5-203.12		Walk in Freezer has some condensation build up and there is ice forming on top of food boxes and there are ice blocks on the floor. Repair so that the water & ice keeps from coming in contact with the food.

PIC's Signature:

Patty-Murphy

Date: 12-5-18

Inspector's Signature

Carol Carter

Date: 12/5/18

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 3 *2/6*
Priority- I Priority foundation- C Core- 2
Score (optional)

Date 5/06/2021
Time In 9:10am
Time Out 10:50am

Establishment Name Bates Elementary School
Establishment Address 33 Liberty Hill Avenue

Risk Category

Type of Operation(s)

Type of Inspection

Telephone 978-825-3419 HACCP Y/N

Owner Salem Public Schools

Permit #:

Person-in-Charge (PIC) Patty Mento

Food Safety Training / Date 9/18/2021

Inspector Jeffrey Buay

☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/A = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R

Compliance Status COS R

Supervision

1 ☒ IN ☐ OUT PIC present, demonstrates knowledge, and performs duties
2 ☒ IN ☐ OUT ☐ N/A Certified Food Protection Manager

Employee Health

3 ☒ IN ☐ OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 ☒ IN ☐ OUT Proper use of restriction and exclusion
5 ☒ IN ☐ OUT Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

6 ☒ IN ☐ OUT ☒ N/A Proper eating, testing, drinking, or tobacco use
7 ☒ IN ☐ OUT ☐ N/A No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

8 ☒ IN ☐ OUT ☐ N/A Hands clean & properly washed
9 ☒ IN ☐ OUT ☐ N/A No bare hand contact with RTE food
10 ☒ IN ☐ OUT Adequate handwashing sinks properly supplied and accessible

Approved Source

11 ☒ IN ☐ OUT Food obtained from approved source
12 ☒ IN ☐ OUT ☐ N/A Food received at proper temperature
13 ☒ IN ☐ OUT Food received in good condition, safe, & unadulterated
14 ☒ IN ☐ OUT ☐ N/A Required records available; shellstock tags, parasite destruction

Protection from Contamination

15 ☒ IN ☐ OUT ☐ N/A Food separated and protected
16 ☒ IN ☐ OUT ☐ N/A Food-contact surfaces; cleaned & sanitized

17 ☒ IN ☐ OUT Proper disposition of returned, previously served, reconditioned & unsafe food

Time / Temperature Control for Safety

18 ☒ IN ☐ OUT ☐ N/A Proper cooling time & temperatures
19 ☒ IN ☐ OUT ☐ N/A Proper reheating procedures for hot holding
20 ☒ IN ☐ OUT ☐ N/A Proper cooling time and temperature
21 ☒ IN ☐ OUT ☐ N/A Proper hot holding temperature
22 ☒ IN ☐ OUT ☐ N/A Proper cold holding temperature
23 ☒ IN ☐ OUT ☐ N/A Proper date marking and disposition
24 ☒ IN ☐ OUT ☐ N/A Time as a Public Health Control

Consumer Advisory

25 ☒ IN ☐ OUT ☐ N/A Consumer advisory provided for raw / undercooked food

Requirements for Highly Susceptible Populations (HSP)

26 ☒ IN ☐ OUT ☐ N/A Pasteurized foods used; prohibited foods not offered

Food / Color Additives and Toxic Substances

27 ☒ IN ☐ OUT ☐ N/A Food additives: approved & properly used
28 ☒ IN ☐ OUT ☐ N/A Toxic sub. properly identified, stored & used

Conformance with Approved Procedures

29 ☒ IN ☐ OUT ☐ N/A Compliance with variance / specialized process / HACCP Plan

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R Compliance Status COS R

Safe Food and Water

30 Pasteurized eggs used where required
31 Water & ice from approved source
32 Variance obtained for specialized processing methods

Food Temperature Control

33 Proper cooling methods used; adequate equipment for temperature control
34 Plant food properly cooked for hot holding
35 Approved thawing methods used
36 Thermometers provided & accurate

Food Identification

37 Food properly labeled; original container

Prevention of Food Contamination

38 Insects, rodents, & animals not present
39 Contamination prevented during food preparation, storage and display
40 Personal cleanliness
41 Wiping cloths: properly used & stored
42 Washing fruits & vegetables

Proper Use of Utensils

43 In-use utensils properly stored
44 Utensils, equipment & linens: properly stored, dried, & handled
45 Single-use / single-service articles: properly stored & used
46 Gloves used properly

Utensils, Equipment and Vending

47 Food & non-food contact surfaces: cleanable, properly designed, constructed & used
48 Warewashing facilities: installed, maintained, & used; test strips
49 Non-food contact surfaces clean

Physical Facilities

50 Hot & cold water available; adequate pressure
51 Plumbing installed; proper backflow devices
52 Sewage & waste water properly disposed
53 Toilet facilities: properly constructed, supplied, & cleaned
54 Garbage & refuse properly disposed; facilities maintained
55 Physical facilities installed, maintained, & clean
56 Adequate ventilation & lighting; designated areas used

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(F)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If approved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Patty Mento

Print: Jeffrey Buay

Date: 5-6-21

Inspector's Signature: Jeffrey Buay

Follow-up: YES ☒ (circle one) Follow-up Date, if applicable: Next Routine

Food Establishment Inspection Form

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The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Bates Elementary School

Date: 5/06/2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
21	3-501.16(4)(i) P		- Heating cabinets nearest walk-in refrigerator is holding food at 104°F and 120°F (both beef hamburgers). Heating cabinet nearest dishwashing machine is holding food at 130°F and 126°F (both beef patties). Repair or adjust units so they hold <u>hold</u> hot hold food at or above 135°F. (Cabinet nearest walk-in refrigerator was corrected on site) *
55	6-501.214		- There are out-of-use refrigerator units (2) and only one is wrapped in plastic. For the remaining unit, either have it wrapped in plastic, repair, or removed from the establishment.
			* NOTE: Beef patties are to be served or discarded within 4 hours.
54	Section 55		- The dumpster behind fencing has one of its lids open. Keep dumpster lids closed when not in use.

Discussion with PIC:

Corrective Action Required

☐ No

☒ Yes

☒ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

PIC's Signature: [Signature]

Date: 5-6-2019

Inspector's Signature: [Signature]

Date: 5/06/2019

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 7
Priority- 2 Priority foundation- 1 Core- 4
Score (optional)

Date 10/04/2018
Time In 9:40am
Time Out 11:25am

Establishment Name Bently Academy Charter School
Establishment Address 25 Memorial Drive

Risk Category

Type of Operation(s)

- ☒ Food Service
- ☐ Retail
- ☐ Residential Kitchen
- ☐ Mobile
- ☐ Temporary
- ☐ Caterer
- ☐ Bed & Breakfast
- ☐ Farmer's Market
- ☐ Other:

Type of Inspection

- ☒ Routine
- ☐ Reinspection
- Previous Inspection Date:
- ☐ Pre-Operation
- ☐ Suspect Illness
- ☐ General Complaint
- ☐ HACCP
- ☐ Other:

Telephone

HACCP Y/N

Owner Salem Public Schools

Permit #:

Person in Charge (PIC) Loui George

Food Safety Training / Epi. Date Not Present

Inspector Jeffrey Bessy

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status	COS	R
Supervision		
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Good Hygienic Practices		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Protection from Contamination		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		

Compliance Status	COS	R
Time / Temperature Control for Safety		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Consumer Advisory		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Requirements for Highly Susceptible Populations (HSP)		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food / Color Additives and Toxic Substances		
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Conformance with Approved Procedures		
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection

R = repeat violation

Compliance Status	COS	R
Safe Food and Water		
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food Temperature Control		
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food Identification		
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Prevention of Food Contamination		
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
39 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
40 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
41 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
42 <input checked="" type="radio"/> IN <input type="radio"/> OUT		

Compliance Status	COS	R
Proper Use of Utensils		
43 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
44 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
45 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
46 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Utensils, Equipment and Vending		
47 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
48 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
49 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Physical Facilities		
50 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
51 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
52 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
53 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
54 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
55 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
56 <input checked="" type="radio"/> IN <input type="radio"/> OUT		

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (500.009(F)) ☐ Tobacco (500.009(F)) ☒ Allergen Awareness (500.009(G)) ☐ Local law regulation ☐ Other

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PIC's Signature: [Signature]

Print: LORI GEORGE

Date: 10/4/18

Inspector's Signature: [Signature]

Follow-up: YES ☒ NO ☐ (circle one) Follow-up Date, if applicable: Next Routine

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Bentley Academy Charter School

Date: 10/04/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
55	6-501.11		- Ceiling tile above refrigerator dishwashing machine is missing, exposing an air vent with accumulating dust. Replace ceiling tile.
49	4-602.13		- Dust found accumulating on ceiling of walk-in refrigerator. Remove dust in a manner that does not compromise food items.
10	6-301.12	PF	- Handwashing sinks in bathroom and across from walk-in freezer lack paper towels. Provide paper towels for these sinks.
2 57	2-102.12(A) 590.009(G)	P	- Current Serv Safe and Allergen Awareness certificates are not posted. Have them posted in kitchen.
54	Section 5-5		- Dumpster lids found open. Keep dumpster lids closed when not in use.
17	3-701.11	P	- Rotted can found in dry storage area. Discard all damaged cans. (Corrected on site).

Discussion with PIC:

Corrective Action Required

☐ No

☒ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

PIC's Signature:

Date: 10/4/18

Inspector's Signature:

Date: 10/04/2018

Food Establishment Inspection Form						Page <u>1</u> of <u>3</u>	
The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800			# Violations <u>7</u>		Date <u>5/11/2019</u> Time In <u>9:30am</u> Time Out <u>11:15am</u>		
			Priority- <u>G</u>	Priority foundation- <u>1</u> Core- <u>6</u>			
Establishment Name: <u>Bentley Academy Charter School</u>			Risk Category		Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:		
Establishment Address: <u>25 Memorial Drive</u>			HACCP Y/N		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date:		
Telephone: <u>978-746-1162</u>			Permit #:		<input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:		
Owner: <u>Salem Public Schools</u>			Food Safety Training / Exp. Date: <u>6/13/2010</u>				
Person-In Charge (PIC): <u>Lori Germaine</u>							
Inspector: <u>Jeffrey Biscoe</u>							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/D, N/A) for each numbered item. IN = in compliance OUT = not in compliance N/D = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = request violation			
Compliance Status		COS		R		Compliance Status	
Supervision				Time / Temperature Control for Safety			
1	<input checked="" type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties			17	<input checked="" type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & uneaten food
2	<input checked="" type="radio"/> OUT N/A	Certified Food Protection Manager			18	<input checked="" type="radio"/> OUT N/A N/D	Proper cooking time & temperatures
Employee Health				Proper reheating procedures for hot holding			
3	<input checked="" type="radio"/> IN OUT	Management, food employees and conditional employees; knowledge, responsibilities and reporting			19	<input checked="" type="radio"/> OUT N/A N/D	Proper cooling time and temperature
4	<input checked="" type="radio"/> IN OUT	Proper use of restriction and exclusion			20	<input checked="" type="radio"/> OUT N/A N/D	Proper hot holding temperature
5	<input checked="" type="radio"/> IN OUT	Procedures for responding to vomiting and diarrheal events			21	<input checked="" type="radio"/> IN OUT N/A N/D	Proper cold holding temperature
Good Hygienic Practices				Proper date marking and disposition			
6	<input checked="" type="radio"/> IN OUT	<input checked="" type="radio"/> N/D Proper eating, tasting, drinking, or tobacco use			22	<input checked="" type="radio"/> IN OUT N/A N/D	Proper date marking and disposition
7	<input checked="" type="radio"/> IN OUT	<input checked="" type="radio"/> N/D No discharge from eyes, nose, and mouth			23	<input checked="" type="radio"/> IN OUT N/A N/D	Time as a Public Health Control
Preventing Contamination by Hands				Consumer Advisory			
8	<input checked="" type="radio"/> IN OUT	<input checked="" type="radio"/> N/D Hands clean & properly washed			24	<input checked="" type="radio"/> IN OUT N/A N/D	Consumer advisory provided for raw / undercooked food
9	<input checked="" type="radio"/> IN OUT N/A	<input checked="" type="radio"/> N/D No bare hand contact with RTE food			25	<input checked="" type="radio"/> IN OUT N/A	Consumer advisory provided for raw / undercooked food
10	<input checked="" type="radio"/> IN	<input checked="" type="radio"/> N/D Adequate handwashing sinks properly supplied and accessible			Requirements for Highly Susceptible Populations (HSP)		
Approved Source				Food / Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> IN OUT	Food obtained from approved source			26	<input checked="" type="radio"/> IN OUT N/A	Pasteurized foods used; prohibited foods not offered
12	<input checked="" type="radio"/> IN OUT N/A	<input checked="" type="radio"/> N/D Food received at proper temperature			27	<input checked="" type="radio"/> IN OUT N/A	Food additives: approved & properly used
13	<input checked="" type="radio"/> IN OUT	Food received in good condition, safe, & unadulterated			28	<input checked="" type="radio"/> IN OUT N/A	Toxic sub. properly identified, stored & used
14	<input checked="" type="radio"/> IN OUT N/A	<input checked="" type="radio"/> N/D Required records available; shellstock tags, parasite destruction			Conformance with Approved Procedures		
Protection from Contamination				Compliance with variance / specialized process / HACCP Plan			
15	<input checked="" type="radio"/> IN OUT N/A	<input checked="" type="radio"/> N/D Food separated and protected			29	<input checked="" type="radio"/> IN OUT N/A	Compliance with variance / specialized process / HACCP Plan
16	<input checked="" type="radio"/> IN OUT N/A	<input checked="" type="radio"/> N/D Food-contact surfaces; cleaned & sanitized			Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.		
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R			
Compliance Status		COS		R		Compliance Status	
Safe Food and Water				Proper Use of Utensils			
30	<input checked="" type="radio"/> IN	Pasteurized eggs used where required			43	<input checked="" type="radio"/> IN	In-use utensils properly stored
31	<input checked="" type="radio"/> IN	Water & ice from approved source			44	<input checked="" type="radio"/> IN	Utensils, equipment & linens: properly stored, dried, & handled
32	<input checked="" type="radio"/> IN	Variance obtained for specialized processing methods			45	<input checked="" type="radio"/> IN	Single-use / single-service articles: properly stored & used
Food Temperature Control				Utensils, Equipment and Vending			
33	<input checked="" type="radio"/> IN	Proper cooking methods used; adequate equipment for temperature control			46	<input checked="" type="radio"/> IN	Gloves used properly
34	<input checked="" type="radio"/> IN	Plant food properly cooked for hot holding			47	<input checked="" type="radio"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed & used
35	<input checked="" type="radio"/> IN	Approved thawing methods used			48	<input checked="" type="radio"/> IN	Handwashing facilities: installed, maintained, & used; test strips
36	<input checked="" type="radio"/> IN	Thermometers provided & accurate			49	<input checked="" type="radio"/> IN	Non-food contact surfaces clean
Food Identification				Physical Facilities			
37	<input checked="" type="radio"/> IN	Food properly labeled; original container			50	<input checked="" type="radio"/> IN	Hot & cold water available; adequate pressure
Prevention of Food Contamination				Plumbing installed; proper backflow devices			
38	<input checked="" type="radio"/> IN	Insects, rodents, & animals not present			51	<input checked="" type="radio"/> IN	Sewage & waste water properly disposed
39	<input checked="" type="radio"/> IN	Contamination prevented during food preparation, storage and display			52	<input checked="" type="radio"/> IN	Toilet facilities: properly constructed, supplied, & cleaned
40	<input checked="" type="radio"/> IN	Personal cleanliness			53	<input checked="" type="radio"/> IN	Garbage & refuse properly disposed; facilities maintained
41	<input checked="" type="radio"/> IN	Wiping cloths: properly used & stored			54	<input checked="" type="radio"/> IN	Physical facilities installed, maintained, & clean
42	<input checked="" type="radio"/> IN	Washing fruits & vegetables			55	<input checked="" type="radio"/> IN	Adequate ventilation & lighting; designated areas used
57	SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009(E)) <input type="checkbox"/> Tobacco (590.009(F)) <input type="checkbox"/> Allergen Awareness (590.009(G)) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other						
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent, constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If required by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.							
PIC's Signature: <u>[Signature]</u>				Print: <u>LORE GERMAINE</u>		Date: <u>5/11/19</u>	
Inspector's Signature: <u>[Signature]</u>				Follow-up: YES/NO (circle one) <u>NO</u>		Follow-up Date, if applicable: <u>Not Requiring</u>	

Food Establishment Inspection Form

Page 2 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Bentley Academy Charter School

Date: 5/07/2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
39	3-305.11		- Walk-in freezer has boxes of food stored on the ground. Store food items on pallets or shelves 6 or more inches off of the ground.
10	6-301.12	PF	- Handwashing sink near walk-in freezer lacks paper towels. Provide paper towels for handwashing sinks at all times.
47	4-501.11		- Food prep sink across from walk-in freezer is leaking water from the area where the bottom of the basin and drainage pipe connect. Have sink repaired so leaking no longer occurs.
55	6-501.12		- Walk-in refrigerator has dust collecting on its ceiling in front of the condenser. Remove dust.
54	Section 5-5		- Dumpster found with lids open. Keep dumpster lids closed when not in use.
39	3-305.11		- A bag of ground whole wheat found on ground in dry storage room. Store food items on pallets or shelves 6 or more inches off of the ground.

Discussion with PIC:

Corrective Action Required

☐ No

☒ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-Inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

PIC's Signature: [Signature]

Date: 5/7/19

Inspector's Signature: [Signature]

Date: 5/07/2019

Page 3 of 3

Date: 5/07/2019

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations Priority- Score (optional)	Priority foundation- Core-	Date <u>10/22/2018</u> Time In <u>9:30am</u> Time Out <u>10:30am</u>
Establishment Name <u>Carlton Elementary School</u> Establishment Address <u>10 Skerry Street</u> Telephone <u>978-925-3463</u> Owner <u>Salem Public Schools</u> Person-In-Charge (PIC) <u>Pamela Ryan</u> Inspector <u>Jeffrey Bercy</u>		Risk Category HACCP Y/N Permit # Food Safety Training / Exp. Date <u>6/02/2023</u>		Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Cafetera <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:
		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status				COS	R	Compliance Status				COS	R
Supervision						Time / Temperature Control for Safety					
1	<input checked="" type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties				17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		
2	<input checked="" type="radio"/> IN	Certified Food Protection Manager				18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooking time & temperatures		
Employee Health						Consumer Advisory					
3	<input checked="" type="radio"/> IN	Management, food employee and conditional employee; knowledge, responsibility and reporting				19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper reheating procedures for hot holding		
4	<input checked="" type="radio"/> IN	Proper use of restriction and exclusion				20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling time and temperature		
5	<input checked="" type="radio"/> IN	Procedures for responding to vomiting and diarrheal events				21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper hot holding temperature		
Good Hygienic Practices						Requirements for Highly Susceptible Populations (HSP)					
6	<input checked="" type="radio"/> IN	Proper eating, tasting, drinking, or tobacco use				22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cold holding temperature		
7	<input checked="" type="radio"/> IN	No discharge from eyes, nose, and mouth				23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper date marking and disposition		
Preventing Contamination by Hands						Food / Color Additives and Toxic Substances					
8	<input checked="" type="radio"/> IN	Hands clean & properly washed				24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Time as a Public Health Control		
9	<input checked="" type="radio"/> IN	No bare hand contact with RTE food				25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Consumer advisory provided for raw / undercooked food		
10	<input checked="" type="radio"/> IN	Adequate handwashing sinks properly supplied and accessible				Approved Source					
11	<input checked="" type="radio"/> IN	Food obtained from approved source				26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposal of returned, previously served, reconditioned & unsafe food		
12	<input checked="" type="radio"/> IN	Food received at proper temperature				27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food additives: approved & properly used		
13	<input checked="" type="radio"/> IN	Food received in good condition, safe, & undeteriorated				28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toxic sub. properly identified, stored & used		
14	<input checked="" type="radio"/> IN	Required records available: shipment tags, parasite destruction				Conformance with Approved Procedures					
Protection from Contamination						29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Compliance with variance / specialized process / HACCP Plan		
15	<input checked="" type="radio"/> IN	Food separated and protected				Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.					
16	<input checked="" type="radio"/> IN	Food-contact surfaces: cleaned & sanitized									

GOOD RETAIL PRACTICES

Compliance Status				COS	R	Compliance Status				COS	R
Safe Food and Water						Proper Use of Utensils					
30	<input checked="" type="radio"/> IN	Pasteurized eggs used where required				43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils properly stored		
31	<input checked="" type="radio"/> IN	Water & ice from approved source				44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled		
32	<input checked="" type="radio"/> IN	Variance obtained for specialized processing methods				45	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use / single-service articles: properly stored & used		
Food Temperature Control						Utensils, Equipment and Vending					
33	<input checked="" type="radio"/> IN	Proper cooling methods used; adequate equipment for temperature control				46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly		
34	<input checked="" type="radio"/> IN	Plant food properly cooked for hot holding				47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
35	<input checked="" type="radio"/> IN	Approved thawing methods used				48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips		
36	<input checked="" type="radio"/> IN	Thermometers provided & accurate				49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean		
Food Identification						Physical Facilities					
37	<input checked="" type="radio"/> IN	Food properly labeled; original container				50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure		
Prevention of Food Contamination						51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices		
38	<input checked="" type="radio"/> IN	Insects, rodents, & animals not present				52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed		
39	<input checked="" type="radio"/> IN	Contamination prevented during food preparation, storage and display				53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned		
40	<input checked="" type="radio"/> IN	Personal cleanliness				54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained		
41	<input checked="" type="radio"/> IN	Wiping cloths: properly used & stored				55	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained, & clean		
42	<input checked="" type="radio"/> IN	Washing fruits & vegetables				56	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used		

57 SPECIAL REQUIREMENTS / OTHER: ☐ Anti-choking (500.009(E)) ☐ Tobacco (690.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operation. If approved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Pamela Ryan Print: Pamela Ryan Date: 10/22/18
 Inspector's Signature: Jeffrey Bercy Follow-up: YES (NO) (circle one) Follow-up Date, if applicable: Next Routine

Food Establishment Inspection Form						Page	of
The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations		Date <u>May 8, 2019</u> Time In <u>9:51 am</u> Time Out <u>10:15 am</u>			
		Priority-	Priority foundation-			Core-	
		Score (optional)					
Establishment Name <u>Carlton Elementary School</u>		Risk Category		Type of Operation(s)		Type of Inspection	
Establishment Address <u>10 Skerry Street</u>		HACCP Y/N		<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:	
Telephone <u>(978) 785-3463</u>		Permit #:		Food Safety Training / Exp. Date <u>6/2/2023</u>			
Owner <u>Salem Public School</u>							
Person-in-Charge (PIC) <u>Pamela Kynd</u>							
Inspector <u>Janice O'Neil</u>							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable				Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time / Temperature Control for Safety			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, reconditioned & unsafe food			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Certified Food Protection Manager				Proper cooking time & temperatures			
Employee Health				19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper reheating procedures for hot holding			
Management, food employee and conditional employees; knowledge, responsibilities and reporting				20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper cooling time and temperature			
Proper use of restriction and exclusion				21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper hot holding temperature			
Procedures for responding to vomiting and diarrheal events				22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Good Hygienic Practices				23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper cold holding temperature			
Proper eating, testing, drinking, or tobacco use				24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper date marking and disposition			
No discharge from eyes, nose, and mouth				Time as a Public Health Control			
Preventing Contamination by Hands				Consumer Advisory			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Hands clean & properly washed				Consumer advisory provided for raw / undercooked food			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Requirements for Highly Susceptible Populations (HSP)			
No bare hand contact with RTE food				26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Pasteurized foods used; prohibited foods not offered			
Adequate handwashing sinks properly supplied and accessible				Food / Color Additives and Toxic Substances			
Approved Source				27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Food additives: approved & properly used			
Food obtained from approved source				28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toxic sub. properly identified, stored & used			
Food received at proper temperature				Conformance with Approved Procedures			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food received in good condition, safe, & unadulterated				Compliance with variances / specialized process / HACCP Plan			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Required records available: shellstock tags, permit destruction							
Protection from Contamination							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O						
Food separated and protected							
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A						
Food-contact surfaces: cleaned & sanitized							
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R			
Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			43	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Pasteurized eggs used where required				In-use utensils properly stored			
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			44	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Water & ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			45	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Variances obtained for specialized processing methods				Single-use / single-service articles: properly stored & used			
Food Temperature Control				46	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			47	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Plant food properly cooked for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed & used			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			48	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Approved thawing methods used				Warewashing facilities: installed, maintained, & used; test strips			
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			49	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Thermometers provided & accurate				Non-food contact surfaces clean			
Food Identification				Physical Facilities			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food properly labeled; original container				Hot & cold water available; adequate pressure			
Prevention of Food Contamination				51	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Plumbing installed; proper backflow devices			
Insects, rodents, & animals not present				52	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Sewage & waste water properly disposed			
Contamination prevented during food preparation, storage and display				53	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned			
Personal cleanliness				54	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used & stored				55	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			Physical facilities installed, maintained, & clean			
Washing fruits & vegetables				56	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
				Adequate ventilation & lighting; designated areas used			
57 SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009(E)) <input type="checkbox"/> Tobacco (590.009(F)) <input type="checkbox"/> Allergen Awareness (590.009(G)) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other							
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If approved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of making this order.							
PIC's Signature: <u>[Signature]</u>		Print: <u>Janice O'Neil</u>		Date: <u>5/11/19</u>			
Inspector's Signature: <u>[Signature]</u>		Follow-up: YES NO (circle one)		Follow-up Date, if applicable: <u>Next Routine</u>			

Page 2 of 2

Establishment Name:

Establishment Name: Carlton Elementary School

Date: 05/8/9

Item / Location

Temp (°F)

Item / Location	Quantity	Unit	Value
Item 1	10	kg	100
Item 2	5	kg	50
Item 3	2	kg	20
Item 4	1	kg	10
Item 5	1	kg	10
Item 6	1	kg	10
Item 7	1	kg	10
Item 8	1	kg	10
Item 9	1	kg	10
Item 10	1	kg	10
Item 11	1	kg	10
Item 12	1	kg	10
Item 13	1	kg	10
Item 14	1	kg	10
Item 15	1	kg	10
Item 16	1	kg	10
Item 17	1	kg	10
Item 18	1	kg	10
Item 19	1	kg	10
Item 20	1	kg	10
Item 21	1	kg	10
Item 22	1	kg	10
Item 23	1	kg	10
Item 24	1	kg	10
Item 25	1	kg	10
Item 26	1	kg	10
Item 27	1	kg	10
Item 28	1	kg	10
Item 29	1	kg	10
Item 30	1	kg	10
Item 31	1	kg	10
Item 32	1	kg	10
Item 33	1	kg	10
Item 34	1	kg	10
Item 35	1	kg	10
Item 36	1	kg	10
Item 37	1	kg	10
Item 38	1	kg	10
Item 39	1	kg	10
Item 40	1	kg	10
Item 41	1	kg	10
Item 42	1	kg	10
Item 43	1	kg	10
Item 44	1	kg	10
Item 45	1	kg	10
Item 46	1	kg	10
Item 47	1	kg	10
Item 48	1	kg	10
Item 49	1	kg	10
Item 50	1	kg	10
Item 51	1	kg	10
Item 52	1	kg	10
Item 53	1	kg	10
Item 54	1	kg	10
Item 55	1	kg	10
Item 56	1	kg	10
Item 57	1	kg	10
Item 58	1	kg	10
Item 59	1	kg	10
Item 60	1	kg	10
Item 61	1	kg	10
Item 62	1	kg	10
Item 63	1	kg	10
Item 64	1	kg	10
Item 65	1	kg	10
Item 66	1	kg	10
Item 67	1	kg	10
Item 68	1	kg	10
Item 69	1	kg	10
Item 70	1	kg	10
Item 71	1	kg	10
Item 72	1	kg	10
Item 73	1	kg	10
Item 74	1	kg	10
Item 75	1	kg	10
Item 76	1	kg	10
Item 77	1	kg	10
Item 78	1	kg	10
Item 79	1	kg	10
Item 80	1	kg	10
Item 81	1	kg	10
Item 82	1	kg	10
Item 83	1	kg	10
Item 84	1	kg	10
Item 85	1	kg	10
Item 86	1	kg	10
Item 87	1	kg	10
Item 88	1	kg	10
Item 89	1	kg	10
Item 90	1	kg	10
Item 91	1	kg	10
Item 92	1	kg	10
Item 93	1	kg	10
Item 94	1	kg	10
Item 95	1	kg	10
Item 96	1	kg	10
Item 97	1	kg	10
Item 98	1	kg	10
Item 99	1	kg	10
Item 100	1	kg	10

Temp (°F)

Item / Location

Temp (°F)

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item
Number

Code Section

P = Priority Item
PF = Priority Foundation Item

Description of Violation

No violations found during routine inspection

Discussion with PIC:

Corrective Action Required

☐ Yes☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled☐ Emergency Suspension☐ Embargo

Emergency Closure

☐ Voluntary Disposal☐ Other**PIC's Signature:**

Date: 5/2/10

Inspector's Signature _____

Date: May 8 2016

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 2
Priority- 0 Priority foundation- 1 Core- 1
Score (optional)

Date 11/05/2018
Time In 9:30am
Time Out 11:05am

Establishment Name Collins Middle School
Establishment Address 29 Highland Avenue

Risk Category

Type of Operation(s)

☒ Food Service

☐ Retail

☐ Residential Kitchen

☐ Mobile

☐ Temporary

☐ Caterer

☐ Bed & Breakfast

☐ Farmer's Market

☐ Other:

Type of Inspection

☒ Routine

☐ Reinspection

Previous Inspection Date:

☐ Pre-Operation

☐ Suspect Illness

☐ General Complaint

☐ HACCP

☐ Other:

Telephone 978-740-1196

HACCP Y/N

Owner Salem Public Schools

Permit #:

Person-in-Charge (PIC) Ivelit Perin

Food Safety Training / Exp. Date 11/11/2020

Inspector Jeffrey Bozary

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status	COS	R	Compliance Status	COS	R
Supervision			Time / Temperature Control for Safety		
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
PIC present, demonstrates knowledge, and performs duties			19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Certified Food Protection Manager			20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Employee Health			21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Proper use of restriction and exclusion			25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Procedures for responding to vomiting and diarrhea events			27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Good Hygienic Practices			28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper eating, tasting, drinking, or tobacco use			30 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			31 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
No discharge from eyes, nose, and mouth			32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Preventing Contamination by Hands			33 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			34 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Hands clean & properly washed			35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			36 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
No bare hand contact with RTE food			37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			38 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Adequate handwashing sinks properly supplied and accessible			39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Approved Source			40 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			41 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food obtained from approved source			42 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food received at proper temperature			44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food received in good condition, safe, & unadulterated			46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Required records available: shellstock tags, parasite destruction			48 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Protection from Contamination			49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			50 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food separated and protected			51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			52 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food contact surfaces; cleaned & sanitized			53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status	COS	R	Compliance Status	COS	R
Safe Food and Water			Proper Use of Utensils		
30 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Pasteurized eggs used where required			44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
31 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Water & ice from approved source			46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Variance obtained for specialized processing methods			48 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food Temperature Control			49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
33 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			50 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper cooling methods used; adequate equipment for temperature control			51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
34 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			52 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Plant food properly cooked for hot holding			53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Approved thawing methods used			55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
36 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Thermometers provided & accurate			57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food Identification			58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Food properly labeled; original container			60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Prevention of Food Contamination			61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
38 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Insects, rodents, & animals not present			63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Contamination prevented during food preparation, storage and display			65 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
40 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Personal cleanliness			67 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
41 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			68 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Wiping cloths: properly used & stored			69 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
42 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			70 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Washing fruits & vegetables			71 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		

57 **SPECIAL REQUIREMENTS / OTHER** ☐ Anti-choking (590.009(E)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Ivelit Perin
Inspector's Signature: Jeffrey Bozary

Print: Ivelit Perin

Date: 11-5-18

Follow-up: YES NO (circle one) Follow-up Date, if applicable: Next Routine

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Collins Middle School

Date: 11/05/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
10	5-202.12	PF	- Hot water at all hand washing sinks peaks at 71°F. Restore hot water to a temperature that is at or above 100°F.
47	4-502.11		- Soap dispenser for handwashing sink in dishwashing room is not working dispensing soap. Repair dispenser so soap is dispensed when activated.
			NOTE: Food items not belonging to the kitchen were found inside of a refrigerator in the room between the kitchen and dishwashing room. Food items were held at 50°F (cheese slices), had expired, and were covered in mold and grease. The food items were stored there by Evelyn Oviedo, a member of the school's gym staff, with the intent to use them at fall sporting events events at the school. She discarded all of the adulterated food items on site. In the future, store food items in units that can hold food at or below 41°F and check periodically to ensure it was not adulterated.

Discussion with PIC:

Corrective Action Required

☐ No

☒ Yes

☒ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

PIC's Signature: [Signature]

Date: 11-5-18

Inspector's Signature: [Signature]

Date: 11/05/2018

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01870
(978) 741-1800

Violations 3
Priority- 1 Priority foundation- 0 Core- 2
Score (optional)

Date 5/08/2019
Time In 9:30am
Time Out 11:00am

Establishment Name Collins Middle School
Establishment Address 29 Highland Avenue

Risk Category

Type of Operation(s)

- ☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection

- ☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

Telephone 978-741-1196

HACCP Y/N

Owner Salem Public Schools

Permit #:

Person-in-Charge (PIC) Tracy L. Perrin

Food Safety Training/Exp. Date 11/13/2020

Inspector Jeffrey Bascary

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time / Temperature Control for Safety			
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
PIC present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, reconditioned & unsafe food			
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Certified Food Protection Manager				Proper cooking time & temperatures			
Employee Health				19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper reheating procedures for hot holding			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper cooling time and temperature			
Proper use of restriction and exclusion				21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Proper hot holding temperature			
Procedures for responding to vomiting and diarrheal events				22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
Good Hygienic Practices				23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A			Proper date marking and disposition			
Proper eating, tasting, drinking, or tobacco use				24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O			Time as a Public Health Control			
No discharge from eyes, nose, and mouth				Consumer Advisory			
Preventing Contamination by Hands				25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O			Consumer advisory provided for raw / undercooked food			
Hands clean & properly washed				Requirements for Highly Susceptible Populations (HSP)			
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
No bare hand contact with RTE food				Pasteurized foods used; prohibited foods not offered			
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food / Color Additives and Toxic Substances			
Adequate handwashing sinks properly supplied and accessible				27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Approved Source				28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Food additives: approved & properly used			
Food obtained from approved source				29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O			Toxic sub. properly identified, stored & used			
Food received at proper temperature				Conformance with Approved Procedures			
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT			Compliance with variance / specialized process / HACCP Plan			
Food received in good condition, safe, & unadulterated				Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O						
Required records available: shelfstock tags, parasite destruction							
Protection from Contamination							
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O						
Food separated and protected							
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A						
Food-contact surfaces: cleaned & sanitized							

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection

R = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils properly stored		
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use / single-service articles: properly stored & used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	<input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, & animals not present			52	Sewage & waste water properly disposed		
39	Contamination prevented during food preparation, storage and display			53	Toilet fixtures: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	<input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean		
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		
57	SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009(F)) <input type="checkbox"/> Tobacco (590.009(F)) <input type="checkbox"/> Allergen Awareness (590.009(G)) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other						

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Tracy L. Perrin

Print: Tracy L. Perrin

Date: 5/8/19

Inspector's Signature: Jeffrey Bascary

Follow-up: YES ☒ NO ☐ (circle one)

Follow-up Date, if applicable: Next inspection

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Collins Middle School

Date: 5/28/2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
<u>16</u>	<u>4-501.114</u>	<u>P</u>	- Dishwashing machine's rinse cycle is failing to raise the surface temperature of washed equipment to heat greater 160°F (temperature observe - 153.4°F). Repair or adjust machine so rinse cycle water is between 180°F and 190°F so that equipments' surface temperature reaches 160°F.
<u>47</u>	<u>4-502.11(A)(1)</u>		- Dishwashing machine's "Rinse" temperature gauge is not working. It was observed with it needle stuck at 120°F. Repair "Rinse" gauge so that it displays actual temperature at Rinse water. <u>NOTE:</u> Until dishwashing machine's rinse cycle reaches proper temperature, all washed equipment is to be sprayed on all surfaces with available quat sanitizer and allowed to air dry for 30 seconds.
<u>54</u>	<u>Section 5-5</u>		- Garbage dumpster has missing lid and recycling dumpster's lid found open. Dumpsters are to have proper lids and are to remain closed when not in use.

Discussion with PIC:

Corrective Action Required

☐ No

☒ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

PIC's Signature:

[Signature]

Date:

5/28/19

Inspector's Signature:

[Signature]

Date:

5/28/2019

Food Establishment Inspection Form

Page 1 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 5
Priority- 1 Priority foundation- 2 Core- 2
Score (optional)

Date 9/19/2018
Time in 10:00am
Time Out 11:40am

Establishment Name Horace Mann Laboratory
Establishment Address 75 Williston Street
Telephone 978-325-3440
Owner Salem Public Schools
Person-in-Charge (PIC) Adriana Cunha
Inspector Jeffrey Buxey

Risk Category
HACCP Y/N
Permit #
Food Safety Training / Exp. Date 6/02/2023

Type of Operation(s)
☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection
☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☒ General Complaint
☐ HACCP
☐ Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status	COS	R
Supervision		
1 <input checked="" type="radio"/> OUT		
2 <input checked="" type="radio"/> OUT N/A		
Employee Health		
3 <input checked="" type="radio"/> IN OUT		
4 <input checked="" type="radio"/> IN OUT		
5 <input checked="" type="radio"/> IN OUT		
Good Hygienic Practices		
6 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A		
7 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A		
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A		
9 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
10 <input checked="" type="radio"/> IN OUT		
Approved Source		
11 <input checked="" type="radio"/> IN OUT		
12 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
13 <input checked="" type="radio"/> IN OUT		
14 <input checked="" type="radio"/> IN OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/A		
Protection from Contamination		
15 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
16 <input checked="" type="radio"/> IN OUT N/A		

Compliance Status	COS	R
17 <input checked="" type="radio"/> IN OUT		
Time / Temperature Control for Safety		
18 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
19 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
20 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
21 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
22 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
23 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
24 <input checked="" type="radio"/> IN OUT N/A <input checked="" type="radio"/> N/A		
Consumer Advisory		
25 <input checked="" type="radio"/> IN OUT N/A		
Requirements for Highly Susceptible Populations (HSP)		
26 <input checked="" type="radio"/> IN OUT N/A		
Food / Color Additives and Toxic Substances		
27 <input checked="" type="radio"/> IN OUT N/A		
28 <input checked="" type="radio"/> IN OUT N/A		
Conformance with Approved Procedures		
29 <input checked="" type="radio"/> IN OUT N/A		

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection

R = repeat violation

Compliance Status	COS	R
Safe Food and Water		
30 <input checked="" type="radio"/> IN OUT		
31 <input checked="" type="radio"/> IN OUT		
32 <input checked="" type="radio"/> IN OUT		
Food Temperature Control		
33 <input checked="" type="radio"/> IN OUT		
34 <input checked="" type="radio"/> IN OUT		
35 <input checked="" type="radio"/> IN OUT		
36 <input checked="" type="radio"/> IN OUT		
Food Identification		
37 <input checked="" type="radio"/> IN OUT		
Prevention of Food Contamination		
38 <input checked="" type="radio"/> IN OUT		
39 <input checked="" type="radio"/> IN OUT		
40 <input checked="" type="radio"/> IN OUT		
41 <input checked="" type="radio"/> IN OUT		
42 <input checked="" type="radio"/> IN OUT		

Compliance Status	COS	R
Proper Use of Utensils		
43 <input checked="" type="radio"/> IN OUT		
44 <input checked="" type="radio"/> IN OUT		
45 <input checked="" type="radio"/> IN OUT		
46 <input checked="" type="radio"/> IN OUT		
Utensils, Equipment and Vending		
47 <input checked="" type="radio"/> IN OUT		
48 <input checked="" type="radio"/> IN OUT		
49 <input checked="" type="radio"/> IN OUT		
Physical Facilities		
50 <input checked="" type="radio"/> IN OUT		
51 <input checked="" type="radio"/> IN OUT		
52 <input checked="" type="radio"/> IN OUT		
53 <input checked="" type="radio"/> IN OUT		
54 <input checked="" type="radio"/> IN OUT		
55 <input checked="" type="radio"/> IN OUT		
56 <input checked="" type="radio"/> IN OUT		

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(E)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: *Adriana Cunha*
Inspector's Signature: *Jeffrey Buxey*

Print: *Adriana Cunha* Date: *9-19-18*
Follow-up: YES NO (circle one) Follow-up Date, if applicable: *Next Inspection*

Food Establishment Inspection Form

Page 2 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Horace Mann LaboratoryDate: 9/19/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority item PF = Priority Foundation Item	Description of Violation
			The Salem Board of Health responded to a complaint which claimed the kitchen lacked a 3 bay sink, the dishwashing machine was not working, and there was no hot water. As part of the inspector's investigation, a routine inspection was conducted. The following was noted:
10	5-205.11	PF	- 3 bay sink's right side faucet lacks hot and cold water. Restore water to this faucet and have hot water be at or above 100°F.
21 47	3-501.16(1)(1) 4-501.11	P	- Food warmer cabinet nearest dishwashing machine found hot holding cooked carrots at 112°F despite being set to 150°F. Raised temperature of carrots to 135°F. Have warmer repaired or adjusted so it hot holds food items at or above 135°F. (Carrots placed in a steam table and brought to temperature)
17	3-701.11	P	- Dented can of diced tomatoes found in dry storage room. Discard damaged can. (Corrected on site)

Discussion with PIC:

Corrective Action Required

☐ No☒ Yes☐ Voluntary Compliance☐ Employee Restriction / Exclusion☐ Re-inspection Scheduled☐ Emergency Suspension☐ Embargo☐ Emergency Closure☐ Voluntary Disposal☐ OtherPIC's Signature: [Signature]Date: 9-19-18Inspector's Signature: [Signature]Date: 9/19/2018

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 4

Priority- 0 Priority foundation- 1 Core- 3

Score (optional)

Date 5/20/2019

Time In 9:30am

Time Out 10:35am

Establishment Name Harace Mann School
Establishment Address 79 Willson Street

Risk Category

Type of Operation(s)

- ☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection

- ☒ Routine
☐ Reinspection

Previous Inspection Date:

- ☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

Telephone 978-825-3440

HACCP Y/N

Owner Salem Public Schools

Permit #:

Person-in-Charge (PIC) Adriana Cunha

Food Safety Training / F.S.T. Date 6/02/2023

Inspector Jeffrey Barry

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status

COS

R

Compliance Status

COS

R

Supervision

- 1 ☒ OUT PIC present, demonstrates knowledge, and performs duties
2 ☒ OUT N/A Certified Food Protection Manager

Employee Health

- 3 ☒ OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 ☒ OUT Proper use of restriction and exclusion
5 ☒ OUT Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

- 6 ☒ OUT N/A Proper eating, tasting, drinking, or tobacco use
7 ☒ OUT N/A No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

- 8 ☒ OUT N/A Hands clean & properly washed
9 ☒ OUT N/A No bare hand contact with RTE food
10 ☒ OUT Adequate handwashing sinks properly supplied and accessible

Approved Source

- 11 ☒ OUT Food obtained from approved source
12 ☒ OUT N/A Food received at proper temperature
13 ☒ OUT Food received in good condition, safe, & unadulterated
14 ☒ OUT N/A Required records available: shellstock tags, parasite destruction

Protection from Contamination

- 15 ☒ OUT N/A Food separated and protected
16 ☒ OUT N/A Food-contact surfaces; cleaned & sanitized

Time / Temperature Control for Safety

- 17 ☒ OUT Proper disposition of returned, previously served, reconditioned & unsafe food
18 ☒ IN OUT N/A Proper cooking time & temperatures
19 ☒ IN OUT N/A Proper reheating procedures for hot holding
20 ☒ IN OUT N/A Proper cooling time and temperature
21 ☒ IN OUT N/A Proper hot holding temperature
22 ☒ IN OUT N/A Proper cold holding temperature
23 ☒ IN OUT N/A Proper date marking and disposition
24 ☒ IN OUT N/A Time as a Public Health Control

Consumer Advisory

- 25 ☒ IN OUT Consumer advisory provided for raw / undercooked food

Requirements for Highly Susceptible Populations (HSP)

- 26 ☒ IN OUT N/A Pasteurized foods used; prohibited foods not offered

Food / Color Additives and Toxic Substances

- 27 ☒ IN OUT N/A Food additives; approved & properly used
28 ☒ IN OUT N/A Toxic sub. properly identified, stored & used

Conformance with Approved Procedures

- 29 ☒ IN OUT N/A Compliance with variances / specialized process / HACCP Plan

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection

R = repeat violation

Compliance Status

COS

R

Compliance Status

COS

R

Safe Food and Water

- 30 Pasteurized eggs used where required
31 Water & ice from approved source
32 Variance obtained for specialized processing methods

Food Temperature Control

- 33 Proper cooling methods used; adequate equipment for temperature control
34 Plant food properly cooked for hot holding
35 Approved thawing methods used
36 Thermometers provided & accurate

Food Identification

- 37 Food properly labeled; original container

Prevention of Food Contamination

- 38 ☒ Insects, rodents, & animals not present
39 ☒ Contamination prevented during food preparation, storage and display
40 ☒ Personal cleanliness
41 ☒ Wiping cloths: properly used & stored
42 ☒ Washing fruits & vegetables

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(E)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Adriana Cunha

Print: Adriana Cunha

Date: 5/20/19

Inspector's Signature: Jeffrey Barry

Follow-up: YES ☒ NO ☐ (circle one) Follow-up Date, if applicable: Next Routine

Food Establishment Inspection Form

Page 1 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 8
Priority- 2 Priority foundation- 1 Core- 5
Score (optional)

Date Nov 1 2015
Time In 9:22 am
Time Out 12:17 pm

Establishment Name Salem High School
Establishment Address 77 Williston Street

Risk Category

Type of Operation(s)

- ☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection

- ☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

Telephone 978-740-1116
HACCP Y/N Y

Permit #:

Owner Salem Public School
Person-in-Charge (PIC) Leccand Gibson

Food Safety Training / Exp. Date 11/20/16

Inspector Jeffrey Burns / Tarrice Olu

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R

Supervision

- 1 ☒ IN ☐ OUT PIC present, demonstrates knowledge, and performs duties
2 ☒ IN ☐ OUT ☐ N/A Certified Food Protection Manager

Employee Health

- 3 ☒ IN ☐ OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 ☒ IN ☐ OUT Proper use of restriction and exclusion
5 ☒ IN ☐ OUT Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

- 6 ☒ IN ☐ OUT ☒ N/A Proper eating, tasting, drinking, or tobacco use
7 ☒ IN ☐ OUT ☒ N/A No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

- 8 ☒ IN ☐ OUT ☐ N/A Hands clean & properly washed
9 ☒ IN ☐ OUT ☐ N/A No bare hand contact with RTE food
10 ☒ IN ☐ OUT Adequate handwashing sinks properly supplied and accessible

Approved Source

- 11 ☒ IN ☐ OUT Food obtained from approved source
12 ☒ IN ☐ OUT ☐ N/A Food received at proper temperature
13 ☒ IN ☐ OUT Food received in good condition, safe, & unadulterated
14 ☒ IN ☐ OUT ☐ N/A Required records available: shellstock tags, parasite destruction

Protection from Contamination

- 15 ☒ IN ☐ OUT ☐ N/A Food separated and protected
16 ☒ IN ☐ OUT ☐ N/A Food-contact surfaces; cleaned & sanitized

Compliance Status COS R

- 17 ☒ IN ☐ OUT Proper disposition of returned, previously served, reconditioned & unsafe food

Time / Temperature Control for Safety

- 18 ☒ IN ☐ OUT ☐ N/A Proper cooking time & temperatures
19 ☒ IN ☐ OUT ☐ N/A Proper reheating procedures for hot holding
20 ☒ IN ☐ OUT ☐ N/A Proper cooling time and temperature
21 ☒ IN ☐ OUT ☐ N/A Proper hot holding temperature
22 ☒ IN ☐ OUT ☐ N/A Proper cold holding temperature
23 ☒ IN ☐ OUT ☐ N/A Proper date marking and disposition
24 ☒ IN ☐ OUT ☐ N/A Time as a Public Health Control

Consumer Advisory

- 25 ☒ IN ☐ OUT ☐ N/A Consumer advisory provided for raw / undercooked food

Requirements for Highly Susceptible Populations (HSP)

- 26 ☒ IN ☐ OUT ☐ N/A Pasteurized foods used; prohibited foods not offered

Food / Color Additives and Toxic Substances

- 27 ☒ IN ☐ OUT ☐ N/A Food additives: approved & properly used
28 ☒ IN ☐ OUT ☐ N/A Toxic sub. properly identified, stored & used

Conformance with Approved Procedures

- 29 ☒ IN ☐ OUT ☐ N/A Compliance with variance / specialized process / HACCP Plan

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R

Safe Food and Water

- 30 ☒ Pasteurized eggs used where required
31 ☒ Water & ice from approved source
32 ☒ Variance obtained for specialized processing methods

Food Temperature Control

- 33 ☒ Proper cooling methods used; adequate equipment for temperature control
34 ☒ Plant food properly cooked for hot holding
35 ☒ Approved thawing methods used
36 ☒ Thermometers provided & accurate

Food Identification

- 37 ☒ Food properly labeled; original container

Prevention of Food Contamination

- 38 ☒ Insects, rodents, & animals not present
39 ☒ Contamination prevented during food preparation, storage and display
40 ☒ Personal cleanliness
41 ☒ Wiping cloths: properly used & stored
42 ☒ Washing fruits & vegetables

Proper Use of Utensils

- 43 ☒ In-use utensils properly stored
44 ☒ Utensils, equipment & linens: properly stored, dried, & handled
45 ☒ Single-use / single-service articles: properly stored & used
46 ☒ Gloves used properly

Utensils, Equipment and Vending

- 47 ☒ Food & non-food contact surfaces cleanable, properly designed, constructed & used
48 ☒ Warewashing facilities: installed, maintained, & used; last strips
49 ☒ Non-food contact surfaces clean

Physical Facilities

- 50 ☒ Hot & cold water available; adequate pressure
51 ☒ Plumbing installed; proper backflow devices
52 ☒ Sewage & waste water properly disposed
53 ☒ Toilet features: properly constructed, supplied, & cleaned
54 ☒ Garbage & refuse properly disposed; facilities maintained
55 ☒ Physical facilities installed, maintained, & clean
56 ☒ Adequate ventilation & lighting; designated areas used

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(E)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Leccand Gibson
Inspector's Signature: Jeffrey Burns

Print: Leccand Gibson Date: 11-5-15
Follow-up: YES NO (circle one) Follow-up Date, if applicable: Next feature

Food Establishment Inspection Form

Page 2 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name: Salem High School

Date: Nov 12 2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
10	10-301.12	PF	Paper towel still inside package. Remove paper towel from packaging to allow for proper usage.
351	3-305.11		Wax in freezer bulky cardboard boxes on the floor. Store food items 6 inches off the floor.
17	2-301.11	P	Sliced peach can found with a dent on top. Discard peach can. (Corrected on site)
552	10-501.12		Ceilings above food Prep Station has black unidentifiable soot on dropped ceiling. Clean up soot.
39	3-305.11		Iceberg lettuce and potatoes cardboard boxes inside walk in refrigerator are located on the floor. Store food items 6 inches off the floor. (Corrected on site)
37	3-302.11		Plastic bins filled with muffin base and bread crumbs is unlabeled. Label bins.

Discussion with PIC:

Corrective Action Required

☐ No

☐ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-Inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

PIC's Signature: [Signature]

Date: 11-7-18

Inspector's Signature: [Signature]

Date: Nov 12 2018

Page 3 of 3

Establishment Name: Salem High School

Date: Nov 18

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
28	7-202.017	P	Rodent trap box found located on top of apple sauce cans. Remove rodent trap from above food item. Administer Rodent traps and toxic materials properly (Corrected on site)
36	4-214.112		Milk Refrigerator located on the first floor Cafeteria has a broken thermometer. Replace thermometer with a working one (Corrected on site)

Feb 1900

Date: 11-7-18

[Signature]

Date: NOV 8 2015

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 3
Priority- 0 Priority foundation- 1 Core- 2
Score (optional)

Date 5/23/2019
Time In 9:30am
Time Out 11:40am

Establishment Name Salem High School
Establishment Address 77 Wilson Street
Telephone 978-740-2116
Owner Salem Public Schools
Person-in-Charge (PIC) Beih Kwapis
Inspector Jeffrey Barony

HACCP Y / N
Permit #:
Food Safety Training / Exp. Date 1/20/2020

Type of Operation(s)
☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection
☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/A = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status		COS	R
Supervision			
1	OUT		
2	OUT N/A		
Employee Health			
3	OUT		
4	OUT		
5	OUT		
Good Hygienic Practices			
6	OUT		
7	OUT		
Preventing Contamination by Hands			
8	OUT		
9	OUT N/A		
10	OUT		
Approved Source			
11	OUT		
12	OUT N/A		
13	OUT		
14	OUT		
Protection from Contamination			
15	OUT N/A		
16	OUT		

Compliance Status		COS	R
17	OUT		
Time / Temperature Control for Safety			
18	OUT N/A		
19	OUT N/A		
20	OUT N/A		
21	OUT N/A		
22	OUT N/A		
23	OUT N/A		
24	OUT N/A		
Consumer Advisory			
25	OUT		
Requirements for Highly Susceptible Populations (HSP)			
26	OUT N/A		
Food / Color Additives and Toxic Substances			
27	OUT N/A		
28	OUT N/A		
Conformance with Approved Procedures			
29	OUT		

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection

R = repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	X Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use / single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
48	Handwashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet features: properly constructed, supplied, & cleaned		
54	X Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(F)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If approved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Beih Kwapis

Inspector's Signature: Jeffrey Barony

Print: Lee Ann Gibney

Follow-up: YES ☒ NO ☐ (circle one)

Date: 5-23-19

Follow-up Date, if applicable: Next Routine

Food Establishment Inspection Form

Page 1 of 4

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 8
Priority 0 Priority foundation 1 Core 7
Score (optional)

Date 9/12/2018
Time in 9:40am
Time Out 12:20pm

Establishment Name Suttons Hill School

Establishment Address 211 Lafayette Street

Telephone 978-740-1247

Owner Salem Public Schools

Person in Charge (PIC) Cameron Fullerton

Inspector Jeffrey Barony

Risk Category

Type of Operation(s)

☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection

☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☒ General Complaint
☐ HACCP
☐ Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R

Compliance Status COS R

Supervision

1 ☒ IN OUT PIC present, demonstrates knowledge, and performs duties
2 ☒ IN OUT N/A Certified Food Protection Manager

Employee Health

3 ☒ IN OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 ☒ IN OUT Proper use of restriction and exclusion
5 ☒ IN OUT Procedures for reporting to vomiting and diarrheal events

Good Hygienic Practices

6 ☒ IN OUT N/A Proper sorting, testing, drinking, or tobacco use
7 ☒ IN OUT N/A No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

8 ☒ IN OUT N/A Hands clean & properly washed
9 ☒ IN OUT N/A No bare hand contact with RTE food
10 ☒ IN OUT Adequate handwashing sinks properly supplied and accessible

Approved Source

11 ☒ IN OUT Food obtained from approved source
12 ☒ IN OUT N/A N/A Food received at proper temperature
13 ☒ IN OUT Food received in good condition, safe, & undisturbed
14 ☒ IN OUT N/A N/A Required records available; shellstock logs, parasite destruction

Protection from Contamination

15 ☒ IN OUT N/A N/A Food separated and protected
16 ☒ IN OUT N/A Food-contact surfaces; cleaned & sanitized

Time / Temperature Control for Safety

17 ☒ IN OUT Proper disposition of returned, previously served, reconditioned & unsafe food
18 ☒ IN OUT N/A N/A Proper cooking time & temperatures
19 ☒ IN OUT N/A N/A Proper reheating procedures for hot holding
20 ☒ IN OUT N/A N/A Proper cooling time and temperature
21 ☒ IN OUT N/A N/A Proper hot holding temperature
22 ☒ IN OUT N/A N/A Proper cold holding temperature
23 ☒ IN OUT N/A N/A Proper date marking and disposition
24 ☒ IN OUT N/A N/A Time as a Public Health Control

Consumer Advisory

25 ☒ IN OUT Consumer advisory provided for raw / undercooked food

Requirements for Highly Susceptible Populations (HSP)

26 ☒ IN OUT N/A Pasteurized foods used; prohibited foods not offered

Food / Color Additives and Toxic Substances

27 ☒ IN OUT N/A Food additives: approved & properly used
28 ☒ IN OUT N/A Toxic sub. properly identified, stored & used

Conformance with Approved Procedures

29 ☒ IN OUT N/A Compliance with variance / special process / HACCP Plan

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R

Compliance Status COS R

Safe Food and Water

30 Pasteurized eggs used where required
31 Water & ice from approved source
32 Variance obtained for specialized processing methods

Food Temperature Control

33 Proper cooling methods used; adequate equipment for temperature control
34 Plant food properly cooked for hot holding
35 Approved thawing methods used
36 Thermometers provided & accurate

Food Identification

37 Food properly labeled; original container

Prevention of Food Contamination

38 ☒ Insects, rodents, & animals not present
39 ☒ Contamination prevented during food preparation, storage and display
40 Personal cleanliness
41 Wiping cloths; properly used & stored
42 Washing fruits & vegetables

Proper Use of Utensils

43 In-use utensils properly stored
44 Utensils, equipment & linens: properly stored, dried, & handled
45 Single-use / single-service articles: properly stored & used
46 Gloves used properly

Utensils, Equipment and Vending

47 ☒ Food & non-food contact surfaces cleanable, properly designed, constructed & used
48 Warewashing facilities: installed, maintained, & used; test strips
49 Non-food contact surfaces clean

Physical Facilities

50 Hot & cold water available; adequate pressure
51 Plumbing installed; proper backflow devices
52 Sewage & waste water properly disposed
53 Toilet facilities; properly constructed, supplied, & cleaned
54 Garbage & refuse properly disposed; facilities maintained
55 Physical facilities installed, maintained, & clean
56 Adequate ventilation & lighting; designated areas used

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(E)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member, is an official notification of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If returned by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this report.

PIC's Signature: Cameron Fullerton

Print: Cameron Fullerton

Date: 12 Sep 18

Inspector's Signature: Jeffrey Barony

Follow-up: ☒ YES ☐ NO (circle one) Follow-up Date, if applicable: To be determined

Food Establishment Inspection Form

Page 2 of 4

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Saltonstall School

Date: 9/12/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
			The Salem Board of Health responded to a complaint which claimed undercooked hot patties were served to children, an air conditioning unit was malfunctioning, dishwashing machine was out of service, and a toilet in one of the kitchen staff's bathrooms was not working. Along with investigating the complaint, the inspector conducted a routine inspection. The following was noted:
			NOTE: Another claim made by the complainant was that brown water flowed from the kitchen sinks.
10	5-202.12	PF	- All handwashing sinks hot water peaks at 81°F. Restore hot water at all sinks to a temperature at or above 100°F.
			NOTE: No brown water observed at any of the handwashing and food prep sinks. PIC informed inspector kitchen staff observed brown water on 9/05/2018, the first day of classes, but have not seen any since that time.

Discussion with PIC:

Corrective Action Required

☐ No

☒ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

PIC's Signature:

[Signature]

Date: 12 Sept 18

Inspector's Signature:

[Signature]

Date: 9/12/2018

Food Establishment Inspection Form

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The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

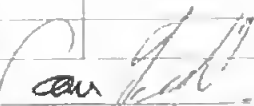
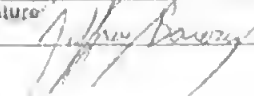
Establishment Name:

Salton Stall School

Date: 9/12/2018

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
39	3-303.12		- Walk-in refrigerator's condenser is leaking water onto food. Have condenser repaired so it no longer leaks. (Store no food on shelves beneath leak and use a pan to catch water. Replace pans often as needed & until leak is repaired. Food has been moved to other shelves at time of inspection.)
47	4-501.11		
38	6-501.12		- Dead mouse found beneath shelf in dry storage room. Remove mouse and discard in sanitary manner.
58	6-501.11		- Evidence of water leakage found in dry storage room. Ceiling tiles and one wall have water stains and mold found on some ceiling tiles. Search for leak and repair. Replace ceiling tiles with mold.
47	4-501.11		- Dishwashing machine is out of service. Repair dishwashing machine and put back into service. (PIC informed inspector a new dishwashing machine is expected to be installed within 8 weeks from from the date of this report. Three bay sink is used by kitchen staff in the meantime.)
53	5-203.12		- Women's bathroom's toilet is out of service. Repair toilet and put back into service. (A bathroom in the nearby teacher's lounge is used in the meantime.)
54	Section 5-5		- Dumpsters' lids found open. Keep dumpster lids closed when not in use.
			NOTE: PIC informed inspector that on 9/10/2018 two students were accidentally served hot patties that were cooked rare. The patties in question were discarded upon discovery.
PIC's Signature: 			Date: 9 Sept 18
Inspector's Signature: 			Date: 9/12/2018

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations
Priority- Priority foundation- Core-
Score (optional)

Date May 22 2014
Time in 9:46 am
Time Out 11:10 am

Establishment Name Sutton St. School
Establishment Address 211 Lafayette Street
Telephone (978) 825-5532
Owner Salem Public Schools
Person-in-Charge (PIC) Cameron Fullerton
Inspector Janice Ortiz

Risk Category
Type of Operation(s)
☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bar & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection
☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = in compliance OUT = not in compliance N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R

Compliance Status COS R

Supervision

1 ☒ IN ☐ OUT PIC present, demonstrates knowledge, and performs duties
2 ☒ IN ☐ OUT ☐ N/A Certified Food Protection Manager

Employee Health

3 ☒ IN ☐ OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 ☒ IN ☐ OUT Proper use of restriction and exclusion
5 ☒ IN ☐ OUT Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

6 ☒ IN ☐ OUT ☐ N/A Proper eating, testing, drinking, or tobacco use
7 ☒ IN ☐ OUT ☐ N/A No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

8 ☒ IN ☐ OUT ☐ N/A Hands clean & properly washed
9 ☒ IN ☐ OUT ☐ N/A No bare hand contact with RTE food
10 ☒ IN ☐ OUT Adequate handwashing sinks properly supplied and accessible

Approved Source

11 ☒ IN ☐ OUT Food obtained from approved source
12 ☒ IN ☐ OUT ☐ N/A Food received at proper temperature
13 ☒ IN ☐ OUT Food received in good condition, taste, & unadulterated
14 ☒ IN ☐ OUT ☐ N/A Required records available: shellstock tags, peroxide destruction

Protection from Contamination

15 ☒ IN ☐ OUT ☐ N/A Food separated and protected
16 ☒ IN ☐ OUT ☐ N/A Food contact surfaces; cleaned & sanitized

17 ☒ IN ☐ OUT Proper disposition of returned, previously served, reconditioned & unsafe food

Time / Temperature Control for Safety

18 ☒ IN ☐ OUT ☐ N/A ☐ N/A Proper cooking time & temperatures
19 ☒ IN ☐ OUT ☐ N/A ☐ N/A Proper reheating procedures for hot holding
20 ☒ IN ☐ OUT ☐ N/A ☐ N/A Proper cooling time and temperature
21 ☒ IN ☐ OUT ☐ N/A ☐ N/A Proper hot holding temperature
22 ☒ IN ☐ OUT ☐ N/A ☐ N/A Proper cold holding temperature
23 ☒ IN ☐ OUT ☐ N/A ☐ N/A Proper date marking and disposition
24 ☒ IN ☐ OUT ☐ N/A ☐ N/A Time as a Public Health Control

Consumer Advisory

25 ☒ IN ☐ OUT ☐ N/A Consumer advisory provided for raw / undercooked food

Requirements for Highly Susceptible Populations (HSP)

26 ☒ IN ☐ OUT ☐ N/A Pasteurized foods used; prohibited foods not offered

Food / Color Additives and Toxic Substances

27 ☒ IN ☐ OUT ☐ N/A Food additives; approved & properly used
28 ☒ IN ☐ OUT ☐ N/A Toxic sub. properly identified, stored & used

Conformance with Approved Procedures

29 ☒ IN ☐ OUT ☐ N/A Compliance with variance / specialized process / HACCP Plan

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation

Compliance Status COS R

Compliance Status COS R

Safe Food and Water

30 Pasteurized eggs used where required
31 Water & ice from approved source
32 Variance obtained for specialized processing methods

Food Temperature Control

33 Proper cooling methods used; adequate equipment for temperature control
34 Plant food properly cooked for hot holding
35 Approved thawing methods used
36 Thermometers provided & accurate

Food Identification

37 Food properly labeled; original container

Prevention of Food Contamination

38 Insects, rodents, & animals not present
39 ☒ X Contamination prevented during food preparation, storage and display
40 ☒ X Personal cleanliness
41 Wiping cloths; properly used & stored
42 Washing fruits & vegetables

Proper Use of Utensils

43 In-use utensils properly stored
44 Utensils, equipment & linens; properly stored, dried, & handled
45 Single-use / single-service articles; properly stored & used
46 Gloves used properly

Utensils, Equipment and Vending

47 Food & non-food contact surfaces; cleanable, properly designed, constructed & used
48 Handwashing facilities; installed, maintained, & used; test strips
49 Non-food contact surfaces clean

Physical Facilities

50 Hot & cold water available; adequate pressure
51 Plumbing installed; proper backflow devices
52 Sewage & waste water properly disposed
53 Toilet fixtures; properly constructed, supplied, & cleaned
54 ☒ X Garbage & refuse properly disposed; facilities maintained
55 Physical facilities installed, maintained, & clean
56 Adequate ventilation & lighting; designated areas used

67 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(E)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If agreed to by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Cameron Fullerton Print Cameron Fullerton Date: 22 May 14
Inspector's Signature: Janice Ortiz Follow-up: YES (NO) (circle one) Follow-up Date, if applicable:

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Sutton Street School

Date: May 22 2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
10	5-202.12	PF	All Handwashing Sinks had hot water that only reach about 70°F. Need to adjust hot water so that the hot water reaches 100°F or higher.
10	5-203.13	PF	Both Male + Female bathrooms for the staff had hot water in the sinks that only reached 58°F. adjust hot water so that the temperature is at or above 100°F.
39	3-303.12		Walk in freezer has ice build up and ice on the floor. Repair so that food does not come in contact with ice/water and freezer is in good working conditions.
54	Section 5-5		Dumpster lids are currently open. Dumpster lids must be closed at all times if not being used.

Discussion with PIC:

Corrective Action Required

☐ No☐ Yes☐ Voluntary Compliance☐ Employee Restriction / Exclusion☐ Re-Inspection Scheduled☐ Emergency Suspension☐ Embargo☐ Emergency Closure☐ Voluntary Disposal☐ Other

PIC's Signature:

[Signature]
[Signature]

Date: 22 May 19

Inspector's Signature

Date: 5/22/19

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 2
Priority- 0 Priority foundation- 0 Core- 2
Score (optional)

Date 10/24/2018
Time In 9:40am
Time Out 10:30am

Establishment Name Witchamock Heights Elementary School
Establishment Address 1 Frederick Street
Telephone 978-825-3509
Owner Salem Public Schools
Person-In Charge (PIC) Monnette Dubois
Inspector Jeffrey Baross

Type of Operation(s)
☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection
☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN = In compliance OUT = not in compliance N/A = not applicable

Mark "X" in appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation

Compliance Status	COS	R
Supervision		
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties	
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager	
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting	
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion	
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper eating, testing, drinking, or tobacco use	
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Hands clean & properly washed	
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	No bare hand contact with RTE food	
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible	
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source	
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Food received at proper temperature	
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food received in good condition, safe, & unadulterated	
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Required records available: shellstock tags, parasite destruction	
Protection from Contamination		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Food separated and protected	
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces; cleaned & sanitized	

Compliance Status	COS	R
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
Time / Temperature Control for Safety		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cooking time & temperatures	
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper reheating procedures for hot holding	
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cooling time and temperature	
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper hot holding temperature	
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper cold holding temperature	
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Proper date marking and disposition	
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/A	Time as a Public Health Control	
Consumer Advisory		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw / undercooked food	
Requirements for Highly Susceptible Populations (HSP)		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	
Food / Color Additives and Toxic Substances		
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used	
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic sub. properly identified, stored & used	
Conformance with Approved Procedures		
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance / specialized process / HACCP Plan	

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection

R = repeat violation

Compliance Status	COS	R
Safe Food and Water		
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source	
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods	
Food Temperature Control		
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding	
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used	
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	
Food Identification		
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container	
Prevention of Food Contamination		
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present	
39 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage and display	
40 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	
41 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	
42 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	

Compliance Status	COS	R
Proper Use of Utensils		
43 <input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils properly stored	
44 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	
45 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use / single-service articles: properly stored & used	
46 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	
Utensils, Equipment and Vending		
47 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
48 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	
49 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	
Physical Facilities		
50 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	
51 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow device	
52 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	
53 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet fixtures: properly constructed, supplied, & cleaned	
54 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	
55 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean	
56 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used	

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(F)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2015 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: [Signature]
Inspector's Signature: [Signature]

Print: JEANETTE DU BOIS
Follow-up: YES ☒ NO ☐ (circle one) Follow-up Date, if applicable: Next Routine

Date: 10-24-18

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Violations 2
Priority 0 Priority foundation 0 Core 2
Score (optional)

Date 5/22/2019
Time in 9:45am
Time out 10:50am

Establishment Name Witchcraft Heights Elementary School
Establishment Address 1 Frederick Street
Telephone 978-825-3309
Owner Salem Public Schools
Person-In-Charge (PIC) Jeannette DeBris
Inspector Jeffrey Barony

Risk Category
Type of Operation(s)
☒ Food Service
☐ Retail
☐ Residential Kitchen
☐ Mobile
☐ Temporary
☐ Caterer
☐ Bed & Breakfast
☐ Farmer's Market
☐ Other:

Type of Inspection
☒ Routine
☐ Reinspection
Previous Inspection Date:
☐ Pre-Operation
☐ Suspect Illness
☐ General Complaint
☐ HACCP
☐ Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time / Temperature Control for Safety			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties		17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Certified Food Protection Manager		Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures	
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion		19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding	
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature	
Good Hygienic Practices				21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperature	
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper eating, tasting, drinking, or tobacco use		22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperature	
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	No discharge from eyes, nose, and mouth		23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition	
Preventing Contamination by Hands				24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control	
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Hands clean & properly washed		Consumer Advisory			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE food		25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw / undercooked food	
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing sinks properly supplied and accessible		Requirements for Highly Susceptible Populations (HSP)			
Approved Source				26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source		Food / Color Additives and Toxic Substances			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food received at proper temperature		27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used	
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food received in good condition, safe, & unadulterated		28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic sub. properly identified, stored & used	
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: whitelock logs, parasite destruction		Conformance with Approved Procedures			
Protection from Contamination				29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance / specialized process / HACCP Plan	
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected		Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food contact surfaces; cleaned & sanitized					

GOOD RETAIL PRACTICES

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required		43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils properly stored	
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source		44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Variance obtained for specialized processing methods		45	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use / single-service articles: properly stored & used	
Food Temperature Control				46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control		Utensils, Equipment and Vending			
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plant food properly cooked for hot holding		47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved thawing methods used		48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate		49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	
Food Identification				Physical Facilities			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container		50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	
Prevention of Food Contamination				51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow device	
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects, rodents, & animals not present		52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage and display		53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness		54	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored		55	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained, & clean	
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables		56	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate ventilation & lighting; designated areas used	

57 SPECIAL REQUIREMENTS / OTHER ☐ Anti-choking (590.009(E)) ☐ Tobacco (590.009(F)) ☐ Allergen Awareness (590.009(G)) ☐ Local law regulation ☐ Other
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Jeannette DeBris Print: Jeannette DeBris Date: 5-22-2019
Inspector's Signature: Jeffrey Barony Follow-up: YES ☐ NO ☒ (circle one) Follow-up Date, if applicable: Next Review

